

Medicaid Prior to HealthChoice

The Maryland Medical Assistance program began providing services to Medicaid recipients in the 1960's. Until the mid-1970's, Medicaid services were provided solely on a fee-for-service (FFS) basis. In 1975, the State began to enroll Medicaid recipients into Health Maintenance Organizations (HMOs) on a voluntary basis.

In 1991, Maryland implemented the Maryland Access to Care (MAC) program in addition to the voluntary HMO and FFS programs. Individuals receiving cash assistance from Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) were eligible for the MAC program. This program linked Medicaid recipients to a primary care provider (PCP) who provided primary care, preventive services, and specialty care referrals when necessary. The role of the PCP was to assure appropriate access to care while controlling inappropriate use of services.

By 1997, 480,000 individuals were enrolled in one of Maryland's Medicaid programs. Approximately 111,000 of these enrollees had voluntarily enrolled in an HMO and 175,000 enrollees were enrolled in MAC. The remaining 194,000 received Medicaid benefits on a FFS basis.

The Maryland Medicaid Program underwent an extensive change in June, 1997 when it began enrolling individuals in the HealthChoice Program; a statewide mandatory managed care program. Approximately 200,000 individuals previously enrolled under the Maryland Access to Care Program (MAC) and 115,000 HMO Program eligibles were offered a choice of managed care organizations (MCOs) to serve as their medical home. About 80% of Medicaid eligibles were eligible to be enrolled in HealthChoice.